

2020 HYFL Player Registration Form

The HYFL is open to all players ages 4-13 (as of August 1, 2020)

NOTICE TO PARENTS:

If you're player is aged 6-13, he/she will be assigned to play **Tackle** football

If you're player is aged 4-5, he/she will be assigned to play **Flag** football

Player Name & Contact Information

Player Name (First Last)	Parent Primary Phone Number	Parent Secondary Phone Number
Parent Primary Email Address (please print legibly)	Do you receive texts at the above?	Do you receive texts at the above?
	YES or NO	YES or NO
Player's Date of Birth	Player age as of August 1, 2020	Player's Estimated Weight

Address & School District Information

Home Address (no P.O. Boxes)	
What school will your player attend during the 2020-2021 school year?	In which high school district does your player currently reside?

Player Team Information

My player is:	<input type="checkbox"/> NEW: My player did NOT participate in the HYFL during the 2019 season <input type="checkbox"/> RETURNING: My player participated in the HYFL during the 2019 season
If your player is a RETURNER, please circle his/her team: BLACK or ORANGE	
Does your player have a sibling(s) registering in the HYFL for the 2020 season? YES or NO	

Parent / Guardian Acknowledgements

Player Participation Fee	
TACKLE: Player fee is \$85 per player; \$75 per player for families with 2 or more players.	
FLAG: Player fee is \$25 per player	
Returned Check Notice	
A \$35 fee will be charged for any returned check.	
Parent / Guardian Signature	Date
Parent / Guardian Name (please print)	Relationship to player

HYFL USE ONLY

Player Verifications		Payment Information:	Player Assignment:
Verified Birth Certificate <input type="checkbox"/>	Verified Address <input type="checkbox"/>	Cash <input type="checkbox"/> Check <input type="checkbox"/>	Tackle Flag
Verified by: _____	Verified by: _____	Rcvd by: _____	Black Orange
Notes:			PW FR JV VSTY

2020 HYFL Medical Information & Release Form

PLEASE NOTE: The HYFL carries only secondary insurance

It is very important that you provide us with complete details about your child's health and/or any medical conditions to ensure that coaches are prepared to handle any emergency situation that may arise during practices and/or games.

Medical Information

Player's Name:	Primary contact number:
Physician's Name:	Physician's contact number:

Please circle any of the below that may be applicable:

asthma diabetes seizures fainting knee/ankle injury neck injury

Please list any allergies that your player may have:

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Please list any medications taken by your player on a daily basis:

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OTHER: Please provide detailed information on any illness/injury not listed above that you feel the HYFL should know about:

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EMERGENCY CONTACT INFORMATION (other than parent/guardian on page 1 of this player application)

Name:	Name:
Relationship:	Relationship:
Primary Phone:	Primary Phone:
Secondary Phone:	Secondary Phone:

Player Physical Waiver

Although the HYFL does not require a physical for participants, it is highly recommended prior to commencement of any sport. In my/our opinion the above-named child is physically able to participate in the HYFL. In case of an emergency, and if my family cannot be reached, I hereby authorize my child to be treated by the physician on duty at the nearest medical facility. I fully understand that it is my responsibility to report any and all injuries to the league and my player's coach to insure that all proper forms are filled out in the event the use of the league's insurance is needed. If this is not done, I hereby release the HYFL of all liability.

I acknowledge the above: _____ (initials)

Parent Approval & Medical Release

I hereby give my approval for the child named above to participate in any and all HYFL activities this season. I assume all risks and hazards incidental to the conduct of activities as well as transportation to and from all events. I do hereby release, absolve, indemnify and hold harmless the Eastern Panhandle Youth Football League, its organizers, sponsors, or any other supervisors appointed by them. I further understand that the HYFL does not require a physical to participate but that the league highly recommends that one be obtained prior to starting any sport. With that said, it is my opinion that the child named above is physically able to participate fully and safely. I further understand that the HYFL only carries secondary insurance and it is my responsibility to provide medical coverage in the event of an injury to my child. In the event that the HYFL's secondary insurance is needed, it is my responsibility to insure all forms are filled out and turned into an HYFL official within the required time limits. In the event of an emergency and if my family physician cannot be reached, I hereby authorize my child to be treated by the physician on duty at the nearest medical facility.

I acknowledge the above: _____ (initials)

Parent / Guardian Signature	Date
Parent / Guardian Name (please print)	Relationship to player